

Principles and Practices of Comprehensive Person-Centered Recovery Planning:



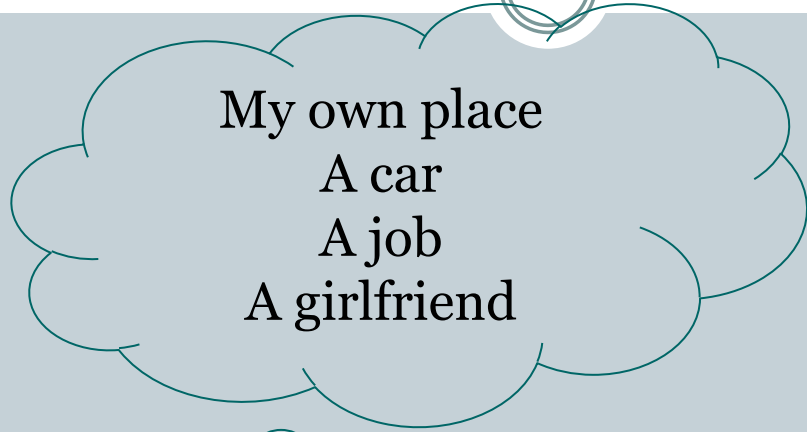

**NEW OPPORTUNITIES AND
RESPONSIBILITIES IN DELIVERING
KENTUCKY'S REHABILITATION SERVICES
STEVE LAMASTER, M.S., CPRP
FRIDAY, MARCH 21, 2014**

Agenda



- Importance of the Person's goals
- Understanding Medicaid's Rehabilitation Option (MRO)
- Person-centered Planning and MRO
 - The “nitty-gritty”
 - Putting it all together

Who Chooses the Goal?



My own place
A car
A job
A girlfriend



Cooperative
Med compliant
Polite
Good hygiene

Why all the Buzz about involving the person??



KY Rehabilitation Services

13d.A.4(p) Service Planning



- Service planning involves assisting the recipient in creating an individualized plan for services needed for maximum reduction of mental disability and restoration of a recipient to his best possible functional level. **A person centered planning process is required. The plan is directed by the recipient and must include practitioners of the recipient's choosing. The providers include more than licensed professionals – it may include the recipient (and his guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses.**

PRACTICE



What Is Rehab Option?

7

- Rehab Option is a revenue generating initiative based on Title XIX of the Social Security Act which permits federal reimbursement for “any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his (her) practice under state law, for maximum reduction of physical or mental disability and restoration of a recipient to his (her) best functional level.”

Medical Necessity: “The Golden Thread”

Assessment Data

Diagnoses - Assessed Needs – Service Recommendations

Individualized Action Plan Goals

Individualized Action Plan Objectives

Rehabilitative Services & Interventions

Service Notes

Person-Centered goals can reflect desired roles or specific skills



ROLES

- Housing (**L**iving)
- Education (**L**earning)
- Employment (**W**orking)
- Relationships (**S**ocializing)

SKILLS

- Coping/Symptom Management
- Housekeeping/Hygiene
- Money Management
- Substance Abuse

LLWS

Goals Based Upon Skills Must be Based Upon the Person's Preference



Priority Needs:

- *Coping/Symptom Management*
- *Housekeeping/Hygiene*
- *Money Management*
- *Substance Abuse*

“I Want to...”:

- *...feel less overwhelmed”*
- *...care for my place”*
- *...manage my own \$”*
- *...get myself sober”*

If a Goal Reflects a Life Role, it *Must* Demonstrate Medical Necessity



- LLWS Goals must involve intervention on one or more assessed needs
- Assessed Needs answer the question: “What are the *barriers** to getting one’s own job, housing, schooling, etc?”
 - **Barriers* are the functional, or assessed needs, most likely to pose challenges to success in the chosen role

Shared Decision-making

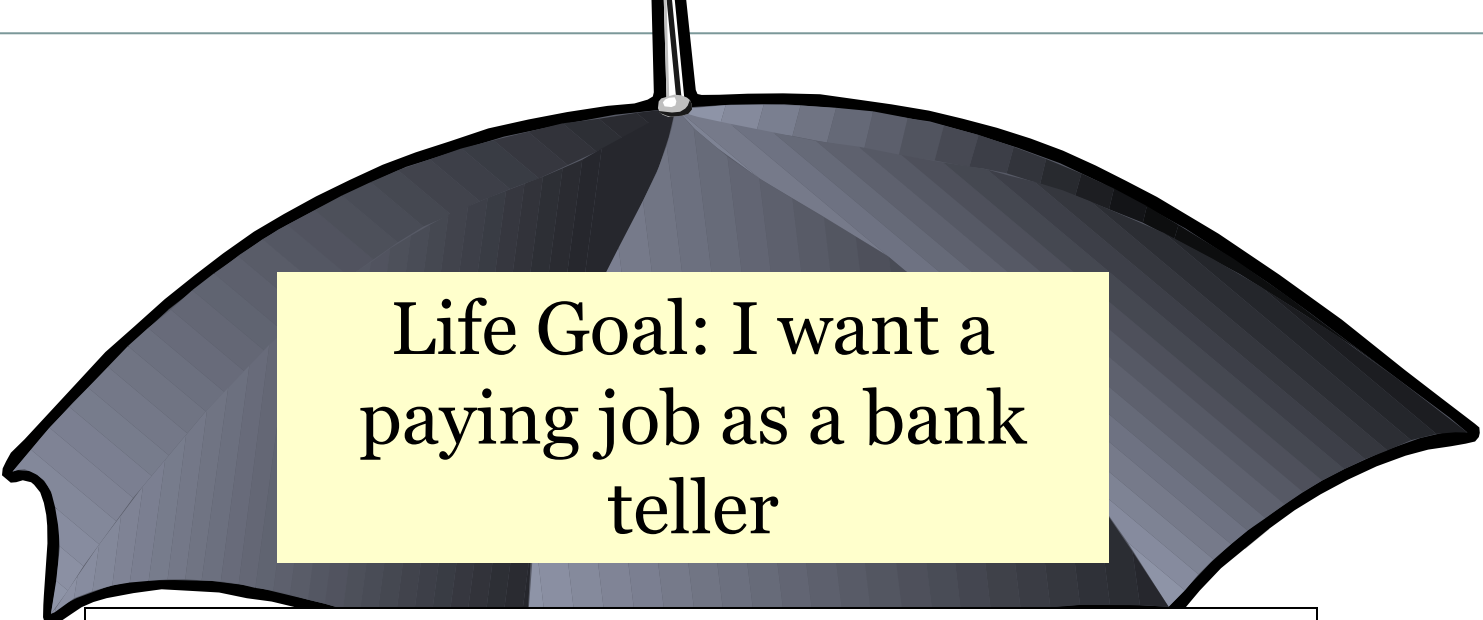


- Collaborative decision making
- Shares power by providing information needed to inform decision-making
- Despite clear national consensus, we do not always do a particularly good job in ensuring the decision-making process is shared.

Barriers and Medical Necessity



- What is getting in the way of the person achieving their goal
 - Why can't they do it tomorrow?
 - Why can't they do it themselves?
- Our focus is removing/reducing/resolving barriers that are a **result** of the mental illness
- 2 levels of “Barriers”:
 - Assessed Need (from ACA) as an *Obstacle* to goal Achievement
 - Anticipated *difficulties* in addressing each Assessed Need (within the context of the IAP)



Life Goal: I want a
paying job as a bank
teller

Assessed Needs as Functional Barriers to Goal Achievement:

Hygiene/Laundry: Steve often wears shirts/trousers multiple days before changing

\$ Mgt: Steve doesn't know how his earned income is likely to impact his benefits

Coping/Symptom Mgt: Agoraphobia – Steve has anxiety related to riding MBTA to work

Communication: Steve doesn't ask for help when in unfamiliar tasks/expectations

What differentiates an Objective from a Goal?



- Objectives describe the benchmarks, or the sequence of steps to be accomplished in achieving any goal.

Objectives: a practical step toward a more ambitious goal



Why do Action Plans need Objectives?



- Objectives make the goal *measurable* by defining the logical steps a person completes in order to achieve the goal
- Objectives help to make accomplishment of goals more *manageable*, or *realistic*, by breaking down a larger outcome into smaller, more achievable tasks

SMART Objectives



- **Specific**
- **Measurable**
- **Agreed upon**
- **Relevant**
- **Time-bound**

What's wrong with this objective? “*Client will decrease social isolation*”

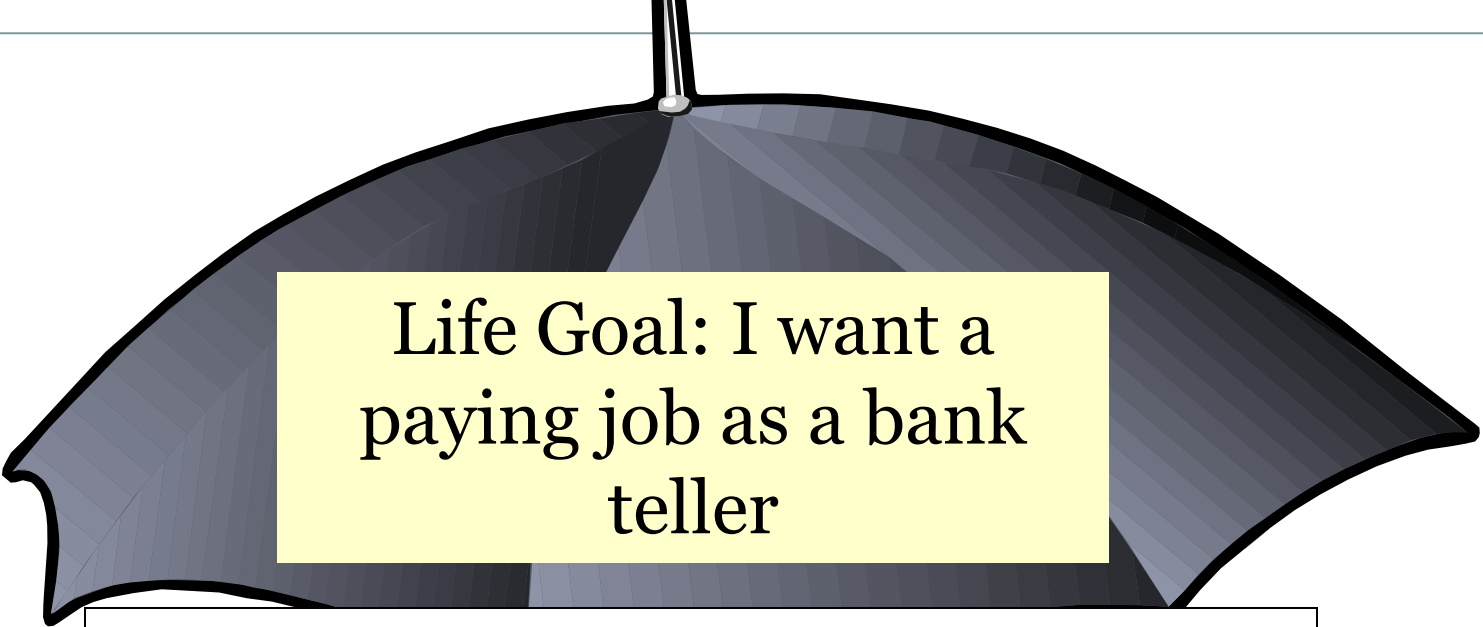


- Within 30 days, Sam will identify 3 ways in which he can begin to meet people, as reported during his weekly session with staff member.
- Sam will participate in a minimum of 1 social activity outside of his home each week for next 12 weeks, AEB self-report.
- By June 1, Sam will be able to invite a new friend to spend time with him on the weekends, AEB a discussion documented by his outreach worker about the result of his attempt(s).

Fix this Objective: “*Client will reduce assaultive behavior*”



- Within 90 days, Steve will identify 3 or more triggers to his assaultive behavior.
- Within 90 days, Steve will have a minimum of one successful visit with his children AEB by report of Steve's DCS Worker.



Life Goal: I want a
paying job as a bank
teller

Assessed Needs as Functional Barriers to Goal Achievement:

Hygiene/Laundry: Steve often wears shirts/trousers multiple days before changing

\$ Mgt: Steve doesn't know how his earned income is likely to impact his benefits

Coping/Symptom Mgt: Agoraphobia – Steve has anxiety related to riding MBTA to work

Communication: Steve doesn't ask for help when in unfamiliar tasks/expectations

Objectives in an Employment Goal can reflect barriers to employment

- *“Steve will wear clean/pressed business attire to all meetings with the ES and/or potential employers, AEB Employment Specialist’s report, through (date).”*
- *“Steve will report his earned income to SSA for 3 consecutive months by (date), AEB copies of his check stub mailed to SSA during scheduled appointments with the Employment Specialist”*
- *“Steve will use his anxiety coping skills to successfully ride the train to work all scheduled days for 1 month by (target date)”*
- *“Steve will ask his boss to clarify unfamiliar work tasks, AEB self-report to ES when he identifies a new duty, for three months by (date)”*

Where's the Beef?

- KY Services now draw upon Medicaid Rehab Option monies
- Interventions from the plan drive reimbursement for Rehabilitative Services
- Service notes that do not provide detailed descriptions of planned Interventions and client response cannot be reimbursed



For all the needs we must assess



- Service Engagement
- Employment
- Education
- Housekeeping/Laundry
- Housing Stability
- Grocery Shopping/Food Preparation
- Medication Management
- Money Management
- Personal Care Skills
- Exercise
- Transportation
- Problem Solving Skills
- Time Management
- Substance Use/Addiction
- Other Addictive Behaviors
- Anger/Aggression

- Impulsivity
- Lack of Assertiveness
- Legal Problems
- Communication Skills
- Community Integration
- Family Education
- Family Relationships
- Peer/Personal Support Network
- Recreation/Leisure Skills
- Social/Interpersonal Skills
- Coping/Symptom Management
- Cognitive Problems
- Stress Management
- Health Practices
- Diet/Nutrition
- High Risk Behaviors
- Safety/Self-Preservation Skills
- Other

We only really do a few things

- Crisis Intervention
- Engagement
- Resource Coordination
- Motivational Enhancement
- Relapse Planning/prevention
- Service/resource Coordination
- Skills Training



Each “Service Intervention” is really a service strategy



- The Intervention is defined – a description of what we do
- The purpose (why we do it) describes the reason for using the intervention – it will get written into the intervention statement
- Finally, a set of tools is described and organized according to the activities that will be provided within the intervention

How to use Interventions to develop plans:



1. Identify barriers
2. Select interventions to address the barrier
3. Specify the *purpose* of the intervention
 - ✓ “Purpose” links the Intervention to an identified barrier
4. Provide tools or tips for how to implement the chosen interventions

Objective: Steve will use coping skills to reach his job on time through (date), AEB supervisor report to ES.



Barriers to Employment

- ✓ **Symptom management** - Steve has significant anxiety related to asserting himself with a supervisor. A past request for Steve to work extra hours for one week resulted in his having a hard time regulating his mood, along with an unanticipated impact upon his benefits (SSI and food stamps)
- ✓ **Transportation** - Steve often has “panics attacks” when train service runs late; being on a crowded train at any time is difficult for Steve, but especially when he is running late

What interventions would you use? (Handouts bottom p.8)

PRACTICE



Objective: Hanna will demonstrate 7 days' abstinence AEB self- and staff-report by (date).



Interventions:

- **Motivational Enhancement** to aid in Hanna's evaluation of the pros and cons of 12-step program attendance as needed, following trial visits to meetings.
- **Assessment** to establish a baseline of emotional distress and urges to use, through staff review with Hanna of an "antecedent-behavior-consequences" journal logged nightly.
- **Skills training** to develop "substance refusal" and "escaping social pressure" skills for social situations with friends.
- **Role Discovery** for researching meaningful, fun alternative activities to Substance use in the Boston Area, generating a list of interests, and evaluating 3 or more.

Other Criteria for Rehabilitative Interventions



- Frequency assigned: How often will the intervention occur?
- Person Responsible: Ensures accountability, and reflects the scope of practice for staff delivery

Summary: Person-Centered Planning within a Rehabilitation Option framework



1. The Person Decides
2. Medical Necessity defines parameters (e.g. functioning)
3. Plans address the “barriers” to the goal
 1. Objectives address WHAT will be accomplished
 2. Interventions address HOW the goal will be pursued